

115TH CONGRESS
1ST SESSION

H. R. 3922

To extend funding for certain public health programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 3, 2017

Mr. WALDEN introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To extend funding for certain public health programs, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 And Medical Professionals Improve Our Nation Act of
6 2017” or the “CHAMPION Act”.

7 **SEC. 2. TABLE OF CONTENTS.**

8 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

Sec. 101. Extension for community health centers and the National Health Service Corps.

Sec. 102. Extension for special diabetes programs.

Sec. 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.

Sec. 104. Extension for family-to-family health information centers.

Sec. 105. Youth empowerment program; personal responsibility education.

TITLE II—OFFSETS

Sec. 201. Providing for qualified health plan grace period requirements for issuer receipt of advance payments of cost-sharing reductions and premium tax credits that are more consistent with State law grace period requirements.

Sec. 202. Prevention and Public Health Fund.

TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

3 SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS
4 AND THE NATIONAL HEALTH SERVICE
5 CORPS

(a) COMMUNITY HEALTH CENTERS FUNDING.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by striking “2017” and inserting “2019”.

10 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-
11 SIONS.—Section 330 of the Public Health Service Act (42
12 U.S.C. 254b) is amended—

17 (3) in subsection (c)—

1 (A) by striking subparagraphs (B) through
2 (D);

3 (B) by striking “(1) IN GENERAL” and all
4 that follows through “The Secretary” and in-
5 serting the following:

6 “(1) CENTERS.—The Secretary”; and

7 (C) in such paragraph (1), as amended, by
8 redesignating clauses (i) through (v) as sub-
9 paragraphs (A) through (E) and moving the
10 margin of each of such redesignated subpara-
11 graph 2 ems to the left;

12 (4) by striking subsection (d) and inserting the
13 following:

14 “(d) IMPROVING QUALITY OF CARE.—

15 “(1) SUPPLEMENTAL AWARDS.—The Secretary
16 may award supplemental grant funds to health cen-
17 ters funded under this section to implement evi-
18 dence-based models for increasing access to high-
19 quality primary care services, which may include
20 models related to—

21 “(A) improving the delivery of care for in-
22 dividuals with multiple chronic conditions;

23 “(B) workforce configuration;

24 “(C) reducing the cost of care;

25 “(D) enhancing care coordination;

1 “(E) expanding the use of telehealth and
2 technology enabled collaborative learning and
3 capacity building models;

4 “(F) care integration, including integration
5 of behavioral health, mental health, or sub-
6 stance use disorder services; and

7 “(G) addressing emerging public health or
8 substance use disorder issues to meet the health
9 needs of the population served by the health
10 center.

11 “(2) SUSTAINABILITY.—In making supple-
12 mental awards under this subsection, the Secretary
13 may consider whether the health center involved has
14 submitted a plan for continuing the activities funded
15 under this subsection after supplemental funding is
16 expended.

17 “(3) SPECIAL CONSIDERATION.—The Secretary
18 may give special consideration to applications for
19 supplemental funding under this subsection that
20 seek to address significant barriers to access to care
21 in areas with a greater shortage of health care pro-
22 viders and health services relative to the national av-
23 erage.”;

24 (5) in subsection (e)(1)—

25 (A) in subparagraph (B)—

- (i) by striking “2 years” and inserting “1 year”; and

(ii) by adding at the end the following: “The Secretary shall not make a grant under this paragraph unless the applicant provides assurances to the Secretary that within 120 days of receiving grant funding for the operation of the health center, the applicant will submit, for approval by the Secretary, an implementation plan to meet the requirements of subsection (l)(3). The Secretary may extend such 120-day period for achieving compliance upon a demonstration of good cause by the health center.”; and

(B) in subparagraph (C)—

(i) in the subparagraph heading, by striking “AND PLANS”;

(ii) by striking “or plan (as described in subparagraphs (B) and (C) of subsection (c)(1))”;

(iii) by striking “or plan, including the purchase” and inserting the following:

“(i) the purchase”;

1 (iv) by inserting “, which may include
2 data and information systems” after “of
3 equipment”;

4 (v) by striking the period at the end
5 and inserting a semicolon; and

6 (vi) by adding at the end the fol-
7 lowing:

“(I) reduce costs associated with
the provision of health services;

18 “(IV) improve the health status
19 of communities.”;

24 (7) by striking subsection (s);

1 (8) by redesignating subsections (g) through (r)
2 as subsections (h) through (s), respectively;

3 (9) by inserting after subsection (f), the fol-
4 lowing:

5 “(g) NEW ACCESS POINTS AND EXPANDED SERV-
6 ICES.—

7 “(1) APPROVAL OF NEW ACCESS POINTS.—

8 “(A) IN GENERAL.—The Secretary may
9 approve applications for grants under subpara-
10 graph (A) or (B) of subsection (e)(1), sub-
11 section (h), subsection (i), and subsection (j) to
12 establish new delivery sites.

13 “(B) SPECIAL CONSIDERATION.—In car-
14 rying out subparagraph (A), the Secretary may
15 give special consideration to applicants that
16 have demonstrated the new delivery site will be
17 located within a sparsely populated area, or an
18 area which has a level of unmet need that is
19 higher relative to other applicants.

20 “(C) CONSIDERATION OF APPLICATIONS.—

21 In carrying subparagraph (A), the Secretary
22 shall approve applications for grants under sub-
23 paragraphs (A) and (B) of subsection (e)(1) in
24 such a manner that the ratio of the medically
25 underserved populations in rural areas which

1 may be expected to use the services provided by
2 the applicants involved to the medically under-
3 served populations in urban areas which may be
4 expected to use the services provided by the ap-
5 plicants is not less than two to three or greater
6 than three to two.

7 “(D) SERVICE AREA OVERLAP.—If in car-
8 rying out subparagraph (A) the applicant pro-
9 poses to serve an area that is currently served
10 by another health center funded under this sec-
11 tion, the Secretary may consider whether the
12 award of funding to an additional health center
13 in the area can be justified based on the unmet
14 need for additional services within the catch-
15 ment area.

16 “(2) APPROVAL OF EXPANDED SERVICE APPLI-
17 CATIONS.—

18 “(A) IN GENERAL.—The Secretary may
19 approve applications for grants under subpara-
20 graph (A) or (B) of subsection (e)(1) to expand
21 the capacity of the applicant to provide required
22 primary health services described in subsection
23 (b)(1) or additional health services described in
24 subsection (b)(2).

1 “(B) PRIORITY EXPANSION PROJECTS.—In
2 carrying out subparagraph (A), the Secretary
3 may give special consideration to expanded
4 service applications that seek to address emerg-
5 ing public health or behavioral health, mental
6 health, or substance abuse issues through in-
7 creasing the availability of additional health
8 services described in subsection (b)(2) in an
9 area in which there are significant barriers to
10 accessing care.

11 “(C) CONSIDERATION OF APPLICATIONS.—
12 In carrying out subparagraph (A), the Sec-
13 retary shall approve applications for applicants
14 in such a manner that the ratio of the medically
15 underserved populations in rural areas which
16 may be expected to use the services provided by
17 the applicants involved to the medically under-
18 served populations in urban areas which may be
19 expected to use the services provided by such
20 applicants is not less than two to three or
21 greater than three to two.”;

22 (10) in subsection (i) (as so redesignated)—

23 (A) in paragraph (1), by striking “and
24 children and youth at risk of homelessness” and
25 inserting “, children and youth at risk of home-

1 lessness, homeless veterans, and veterans at
2 risk of homelessness”; and

3 (B) in paragraph (5)—

4 (i) by striking subparagraph (B);

5 (ii) by redesignating subparagraph

6 (C) as subparagraph (B); and

7 (iii) in subparagraph (B) (as so redes-
8 ignated)—

9 (I) in the subparagraph heading,
10 by striking “ABUSE” and inserting
11 “USE DISORDER”; and

12 (II) by striking “abuse” and in-
13 serting “use disorder”;

14 (11) in subsection (l) (as so redesignated)—

15 (A) in paragraph (2)—

16 (i) in the paragraph heading, by in-
17 serting “UNMET” before “NEED”;

18 (ii) in the matter preceding subpara-
19 graph (A), by inserting “and an applica-
20 tion for a grant under subsection (g)”
21 after “subsection (e)(1)”;

22 (iii) in subparagraph (A), by inserting
23 “unmet” before “need for health services”;

24 (iv) in subparagraph (B), by striking
25 “and” at the end;

1 (v) in subparagraph (C), by striking
2 the period at the end and inserting “;
3 and”; and

4 (vi) by adding after subparagraph (C)
5 the following:

6 “(D) in the case of an application for a
7 grant pursuant to subsection (g)(1), a dem-
8 onstration that the applicant has consulted with
9 appropriate State and local government agen-
10 cies, and health care providers regarding the
11 need for the heath services to be provided at the
12 proposed delivery site.”;

13 (B) in paragraph (3)—

14 (i) in the matter preceding subparagraph
15 graph (A), by inserting “or subsection (g)”
16 after “subsection (e)(1)(B)”:

1 reduce the non-urgent use of hospital
2 emergency departments”;

3 (iii) in subparagraph (H)(ii), by in-
4 serting “who shall be directly employed by
5 the center” after “approves the selection of
6 a director for the center”;

7 (iv) in subparagraph (L), by striking
8 “and” at the end;

9 (v) in subparagraph (M), by striking
10 the period and inserting “; and”; and

11 (vi) by inserting after subparagraph
12 (M), the following:

13 “(N) the center has written policies and
14 procedures in place to ensure the appropriate
15 use of Federal funds in compliance with appli-
16 cable Federal statutes, regulations, and the
17 terms and conditions of the Federal award.”;

18 and

19 (C) by striking paragraph (4);

20 (12) in subsection (m) (as so redesignated), by
21 adding at the end the following: “Funds expended to
22 carry out activities under this subsection and oper-
23 ational support activities under subsection (n) shall
24 not exceed three percent of the amount appropriated
25 for this section for the fiscal year involved.”;

1 (13) in subsection (q) (as so redesignated), by
2 striking “grants for new health centers under sub-
3 sections (c) and (e)” and inserting “operating grants
4 under subsection (e), applications for new access
5 points and expanded service pursuant to subsection
6 (g)”;

7 (14) in subsection (r)(4) (as so redesignated),
8 by adding at the end the following: “A waiver pro-
9 vided by the Secretary under this paragraph may
10 not remain in effect for more than 1 year and may
11 not be extended after such period. An entity may not
12 receive more than one waiver under this paragraph
13 in consecutive years.”; and

14 (15) in subsection (s)(3) (as so redesignated)—
15 (A) by striking “appropriate committees of
16 Congress a report concerning the distribution of
17 funds under this section” and inserting the fol-
18 lowing: “Committee on Health, Education,
19 Labor, and Pensions of the Senate, and the
20 Committee on Energy and Commerce of the
21 House of Representatives, a report including, at
22 a minimum—
23 “(A) the distribution of funds for carrying
24 out this section”;

1 (B) by striking “populations. Such report
2 shall include an assessment” and inserting the
3 following: “populations;
4 “(B) an assessment”;
5 (C) by striking “and the rationale for any
6 substantial changes in the distribution of
7 funds.” and inserting a semicolon; and
8 (D) by adding at the end the following:
9 “(C) the distribution of awards and fund-
10 ing for new or expanded services in each of
11 rural areas and urban areas;
12 “(D) the distribution of awards and fund-
13 ing for establishing new access points, and the
14 number of new access points created;
15 “(E) the amount of unexpended funding
16 for loan guarantees and loan guarantee author-
17 ity under title XVI;
18 “(F) the rationale for any substantial
19 changes in the distribution of funds;
20 “(G) the rate of closures for health centers
21 and access points;
22 “(H) the number and reason for any
23 grants awarded pursuant to subsection
24 (e)(1)(B); and

1 “(I) the number and reason for any waiv-
2 ers provided pursuant to subsection (r)(4).”.

3 (c) NATIONAL HEALTH SERVICE CORPS.—Section
4 10503(b)(2)(E) of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 254b–2(b)(2)(E)) is amended by
6 striking “2017” and inserting “2019”.

7 (d) APPLICATION.—Amounts appropriated pursuant
8 to this section for fiscal year 2018 or 2019 are subject
9 to the requirements contained in Public Law 115–31 for
10 funds for programs authorized under sections 330 through
11 340 of the Public Health Service Act (42 U.S.C. 254b–
12 256).

13 (e) CONFORMING AMENDMENTS.—Section 3014(h)
14 of title 18, United States Code, is amended—

15 (1) in paragraph (1), by striking “, as amended
16 by section 221 of the Medicare Access and CHIP
17 Reauthorization Act of 2015.”; and

18 (2) in paragraph (4), by inserting “and section
19 101(d) of the Community Health And Medical Pro-
20 fessionals Improve Our Nation Act of 2017” after
21 “section 221(c) of the Medicare Access and CHIP
22 Reauthorization Act of 2015”.

23 **SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

24 (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-
25 BETES.—Section 330B(b)(2)(C) of the Public Health

1 Service Act (42 U.S.C. 254c–2(b)(2)(C)) is amended by
2 striking “2017” and inserting “2019”.

3 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—

4 Section 330C(c)(2) of the Public Health Service Act (42
5 U.S.C. 254c–3(c)(2)) is amended—

6 (1) in subparagraph (C), by striking “and” at
7 the end;

8 (2) in subparagraph (D), by striking the period
9 at the end and inserting “and \$112,500,000 for the
10 period consisting of the second, third, and fourth
11 quarters of fiscal year 2018; and”; and

12 (3) by adding at the end the following:

13 “(E) \$150,000,000 for fiscal year 2019.”.

14 **SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS**

15 **TO TEACHING HEALTH CENTERS THAT OPER-**
16 **ATE GRADUATE MEDICAL EDUCATION PRO-**
17 **GRAMS.**

18 (a) PAYMENTS.—Subsection (a) of section 340H of
19 the Public Health Service Act (42 U.S.C. 256h) is amend-
20 ed to read as follows:

21 “(a) PAYMENTS.—

22 (1) IN GENERAL.—Subject to subsection
23 (h)(2), the Secretary shall make payments under
24 this section for direct expenses and indirect expenses
25 to qualified teaching health centers that are listed as

1 sponsoring institutions by the relevant accrediting
2 body for—

3 “(A) maintenance of existing approved
4 graduate medical residency training programs;

5 “(B) expansion of existing approved grad-
6 uate medical residency training programs; and

7 “(C) establishment of new approved grad-
8 uate medical residency training programs, as
9 appropriate.

10 “(2) PRIORITY.—In making payments pursuant
11 to paragraph (1)(C), the Secretary shall give priority
12 to qualified teaching health centers that—

13 “(A) serve a health professional shortage
14 area with a designation in effect under section
15 332 or a medically underserved community (as
16 defined in section 799B); or

17 “(B) are located in a rural area (as de-
18 fined in section 1886(d)(2)(D) of the Social Se-
19 curity Act).”.

20 (b) FUNDING.—Subsection (g) of section 340H of the
21 Public Health Service Act (42 U.S.C. 256h) is amended—

22 (1) by striking “To carry out” and inserting
23 the following:

24 “(1) IN GENERAL.—To carry out”;

1 (2) by striking “and \$15,000,000 for the first
2 quarter of fiscal year 2018” and inserting “,
3 \$15,000,000 for the first quarter of fiscal year
4 2018, \$111,500,000 for the period consisting of the
5 second, third, and fourth quarters of fiscal year
6 2018, and \$126,500,000 for fiscal year 2019”; and

7 (3) by adding at the end the following:

8 “(2) ADMINISTRATIVE EXPENSES.—Of the
9 amount made available to carry out this section for
10 any fiscal year, the Secretary may not use more
11 than 5 percent of such amount for the expenses of
12 administering this section.”.

13 (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-
14 tion 340H of the Public Health Service Act (42 U.S.C.
15 256h) is amended—

16 (1) by redesignating subparagraph (D) as sub-
17 paragraph (H); and

18 (2) by inserting after subparagraph (C) the fol-
19 lowing:

20 “(D) The number of patients treated by
21 residents described in paragraph (4).

22 “(E) The number of visits by patients
23 treated by residents described in paragraph (4).

24 “(F) Of the number of residents described
25 in paragraph (4) who completed their residency

1 training at the end of such residency academic
2 year, the number and percentage of such resi-
3 dents entering primary care practice (meaning
4 any of the areas of practice listed in the defini-
5 tion of a primary care residency program in
6 section 749A).

7 “(G) Of the number of residents described
8 in paragraph (4) who completed their residency
9 training at the end of such residency academic
10 year, the number and percentage of such resi-
11 dents who entered practice at a health care fa-
12 cility—

13 “(i) primarily serving a health profes-
14 sional shortage area with a designation in
15 effect under section 332 or a medically un-
16 derserved community (as defined in section
17 799B); or

18 “(ii) located in a rural area (as de-
19 fined in section 1886(d)(2)(D) of the So-
20 cial Security Act).”.

21 (d) REPORT ON TRAINING COSTS.—Not later than
22 March 31, 2019, the Secretary of Health and Human
23 Services shall submit to the Congress a report on the di-
24 rect graduate expenses of approved graduate medical resi-
25 dency training programs, and the indirect expenses associ-

1 ated with the additional costs of teaching residents, of
2 qualified teaching health centers (as such terms are used
3 or defined in section 340H of the Public Health Service
4 Act (42 U.S.C. 256h)).

5 (e) DEFINITION.—Subsection (j) of section 340H of
6 the Public Health Service Act (42 U.S.C. 256h) is amend-
7 ed—

8 (1) by redesignating paragraphs (2) and (3) as
9 paragraphs (3) and (4), respectively; and

10 (2) by inserting after paragraph (1) the fol-
11 lowing:

12 “(2) NEW APPROVED GRADUATE MEDICAL
13 RESIDENCY TRAINING PROGRAM.—The term ‘new
14 approved graduate medical residency training pro-
15 gram’ means an approved graduate medical resi-
16 dency training program for which the sponsoring
17 qualified teaching health center has not received a
18 payment under this section for a previous fiscal year
19 (other than pursuant to subsection (a)(1)(C)).”.

20 (f) TECHNICAL CORRECTION.—Subsection (f) of the
21 section 340H (42 U.S.C. 256h) is amended by striking
22 “hospital” each place it appears and inserting “teaching
23 health center”.

24 (g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The
25 provisions of section 340H of the Public Health Service

1 Act (42 U.S.C. 256h), as in effect on the day before the
2 date of enactment of this Act, shall continue to apply with
3 respect to payments under such section for fiscal years
4 before fiscal year 2018.

5 **SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-**
6 **FORMATION CENTERS.**

7 Section 501(c) of the Social Security Act (42 U.S.C.
8 701(c)) is amended—

9 (1) in paragraph (1)(A)—
10 (A) in clause (v), by striking “and” at the
11 end;

12 (B) in clause (vi), by striking the period at
13 the end and inserting “; and”; and

14 (C) by adding at the end the following new
15 clause:

16 “(vii) \$6,000,000 for each of fiscal
17 years 2018 and 2019.”;

18 (2) in paragraph (3)(C), by inserting before the
19 period the following: “, and with respect to fiscal
20 years 2018 and 2019, such centers shall also be de-
21 veloped in all territories and at least one such center
22 shall be developed for Indian tribes”; and

23 (3) by amending paragraph (5) to read as fol-
24 lows:

25 “(5) For purposes of this subsection—

1 “(A) the term ‘Indian tribe’ has the mean-
2 ing given such term in section 4 of the Indian
3 Health Care Improvement Act (25 U.S.C.
4 1603);

5 “(B) the term ‘State’ means each of the 50
6 States and the District of Columbia; and

7 “(C) the term ‘territory’ means Puerto
8 Rico, Guam, American Samoa, the Virgin Is-
9 lands, and the Northern Mariana Islands.”.

10 **SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL
11 RESPONSIBILITY EDUCATION.**

12 (a) **YOUTH EMPOWERMENT PROGRAM.—**

13 (1) **IN GENERAL.**—Section 510 of the Social
14 Security Act (42 U.S.C. 710) is amended to read as
15 follows:

16 **“SEC. 510. YOUTH EMPOWERMENT PROGRAM.**

17 “(a) **IN GENERAL.**—

18 “(1) **ALLOTMENTS TO STATES.**—For the pur-
19 pose described in subsection (b), the Secretary shall,
20 for each of fiscal years 2018 and 2019, allot to each
21 State which has transmitted an application for the
22 fiscal year under section 505(a) an amount equal to
23 the product of—

24 “(A) the amount appropriated pursuant to
25 subsection (e)(1) for the fiscal year, minus the

1 amount reserved under subsection (e)(2) for the
2 fiscal year; and

3 “(B) the proportion that the number of
4 low-income children in the State bears to the
5 total of such numbers of children for all the
6 States.

7 “(2) OTHER ALLOTMENTS.—

8 “(A) OTHER ENTITIES.—For the purpose
9 described in subsection (b), the Secretary shall,
10 for each of fiscal years 2018 and 2019, for any
11 State which has not transmitted an application
12 for the fiscal year under section 505(a), allot to
13 one or more entities in the State the amount
14 that would have been allotted to the State
15 under paragraph (1) if the State had submitted
16 such an application.

17 “(B) PROCESS.—The Secretary shall select
18 the recipients of allotments under subparagraph
19 (A) by means of a competitive grant process
20 under which—

21 “(i) not later than 30 days after the
22 deadline for the State involved to submit
23 an application for the fiscal year under
24 section 505(a), the Secretary publishes a
25 notice soliciting grant applications; and

1 “(ii) not later than 120 days after
2 such deadline, all such applications must
3 be submitted.

4 “(b) PURPOSE.—

5 “(1) IN GENERAL.—Except for research under
6 paragraph (5) and information collection and report-
7 ing under paragraph (6), the purpose of an allot-
8 ment under subsection (a) to a State (or to another
9 entity in the State pursuant to subsection (a)(2)) is
10 to enable the State or other entity to implement edu-
11 cation exclusively on sexual risk avoidance (meaning
12 voluntarily refraining from sexual activity).

13 “(2) REQUIRED COMPONENTS.—Education on
14 sexual risk avoidance pursuant to an allotment
15 under this section shall—

16 “(A) ensure that the unambiguous and pri-
17 mary emphasis and context for each topic de-
18 scribed in paragraph (3) is a message to youth
19 that normalizes the optimal health behavior of
20 avoiding nonmarital sexual activity;

21 “(B) be medically accurate and complete;

22 “(C) be age-appropriate; and

23 “(D) be based on adolescent learning and
24 developmental theories for the age group receiv-
25 ing the education.

1 “(3) TOPICS.—Education on sexual risk avoidance
2 pursuant to an allotment under this section
3 shall address each of the following topics:

4 “(A) The holistic individual and societal
5 benefits associated with personal responsibility,
6 self-regulation, goal setting, healthy decision-
7 making, and a focus on the future.

8 “(B) The advantage of refraining from
9 nonmarital sexual activity in order to improve
10 the future prospects and physical and emotional
11 health of youth.

12 “(C) The increased likelihood of avoiding
13 poverty when youth attain self-sufficiency and
14 emotional maturity before engaging in sexual
15 activity.

16 “(D) The foundational components of
17 healthy relationships and their impact on the
18 formation of healthy marriages and safe and
19 stable families.

20 “(E) How other youth risk behaviors, such
21 as drug and alcohol usage, increase the risk for
22 teen sex.

23 “(F) How to resist and avoid, and receive
24 help regarding, sexual coercion and dating vio-

1 lence, recognizing that even with consent teen
2 sex remains a youth risk behavior.

3 “(4) CONTRACEPTION.—Education on sexual
4 risk avoidance pursuant to an allotment under this
5 section shall ensure that—

6 “(A) any information provided on contra-
7 ception is medically accurate and ensures that
8 students understand that contraception offers
9 physical risk reduction, but not risk elimination;
10 and

11 “(B) the education does not include dem-
12 onstrations, simulations, or distribution of con-
13 traceptive devices.

14 “(5) RESEARCH.—

15 “(A) IN GENERAL.—A State or other enti-
16 ty receiving an allotment pursuant to subsection
17 (a) may use up to 20 percent of such allotment
18 to build the evidence base for sexual risk avoid-
19 ance education by conducting or supporting re-
20 search.

21 “(B) REQUIREMENTS.—Any research con-
22 ducted or supported pursuant to subparagraph
23 (A) shall be—

24 “(i) rigorous;

25 “(ii) evidence-based; and

1 “(iii) designed and conducted by inde-
2 pendent researchers who have experience
3 in conducting and publishing research in
4 peer-reviewed outlets.

5 “(6) INFORMATION COLLECTION AND REPORT-
6 ING.—A State or other entity receiving an allotment
7 pursuant to subsection (a) shall, as specified by the
8 Secretary—

9 “(A) collect information on the programs
10 and activities funded through the allotment;
11 and

12 “(B) submit reports to the Secretary on
13 the data from such programs and activities.

14 “(c) NATIONAL EVALUATION.—

15 “(1) IN GENERAL.—The Secretary shall—

16 “(A) in consultation with appropriate State
17 and local agencies, conduct one or more rig-
18 orous evaluations of the education funded
19 through this section and associated data; and

20 “(B) submit a report to the Congress on
21 the results of such evaluations, together with a
22 summary of the information collected pursuant
23 to subsection (b)(6).

24 “(2) CONSULTATION.—In conducting the eval-
25 uations required by paragraph (1), including the es-

1 establishment of evaluation methodologies, the Secretary
2 shall consult with relevant stakeholders.

3 **“(d) APPLICABILITY OF CERTAIN PROVISIONS.—**

4 “(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

5 “(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the
6 Secretary to be appropriate.

7 **“(e) FUNDING.—**

8 “(1) IN GENERAL.—To carry out this section,
9 there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000
10 for each of fiscal years 2018 and 2019.

11 “(2) RESERVATION.—The Secretary shall reserve, for each of fiscal years 2018 and 2019, not more than 20 percent of the amount appropriated pursuant to paragraph (1) for administering the program under this section, including the conducting of national evaluations and the provision of technical assistance to the recipients of allotments.”.

12 (2) EFFECTIVE DATE.—The amendment made
13 by this section takes effect on October 1, 2017.

14 **(b) PERSONAL RESPONSIBILITY EDUCATION.—**

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2017.

3 TITLE II—OFFSETS

4 SEC. 201. PROVIDING FOR QUALIFIED HEALTH PLAN
5 GRACE PERIOD REQUIREMENTS FOR ISSUER
6 RECEIPT OF ADVANCE PAYMENTS OF COST-
7 SHARING REDUCTIONS AND PREMIUM TAX
8 CREDITS THAT ARE MORE CONSISTENT WITH
9 STATE LAW GRACE PERIOD REQUIREMENTS.

10 (a) IN GENERAL.—Section 1412(c) of the Patient
11 Protection and Affordable Care Act (42 U.S.C. 18082(c))
12 is amended—

13 (1) in paragraph (2)—

14 (A) in subparagraph (B)(iv)(II), by strik-
15 ing “a 3-month grace period” and inserting “a
16 grace period specified in subparagraph (C);
17 and

18 (B) by adding at the end the following new
19 subparagraphs:

“(C) GRACE PERIOD SPECIFIED.—For purposes of subparagraph (B)(iv)(II), the grace period specified in this subparagraph is—

23 “(i) for plan years beginning before
24 January 1, 2018, a 3-month grace period;
25 and

1 “(ii) for plan years beginning on or
2 after January 1, 2018—

3 “(I) in the case of an Exchange
4 operating in a State that has a State
5 law grace period in place, such State
6 law grace period; and

7 “(II) in the case of an Exchange
8 operating in a State that does not
9 have a State law grace period in
10 place, a 1-month grace period.

11 “(D) STATE LAW GRACE PERIOD.—For
12 purposes of subparagraph (C), the term ‘State
13 law grace period’ means, with respect to a
14 State, a grace period for nonpayment of pre-
15 miums before discontinuing coverage that is ap-
16 plicable under the State law to health insurance
17 coverage offered in the individual market of the
18 State.”; and

19 (2) in paragraph (3), by adding at the end the
20 following new sentence: “The requirements of para-
21 graph (2)(B)(iv) apply to an issuer of a qualified
22 health plan receiving an advanced payment under
23 this paragraph in the same manner and to the same
24 extent that such requirements apply to an issuer of

1 a qualified health plan receiving an advanced pay-
2 ment under paragraph (2)(A)."

3 (b) REPORT ON ALIGNING GRACE PERIODS FOR
4 MEDICAID, MEDICARE, AND EXCHANGE PLANS.—Not
5 later than two years after the date of full implementation
6 of subsection (a), the Comptroller General of the United
7 States shall submit to Congress a report on—

8 (1) the effects on consumers of aligning grace
9 periods applied under the Medicaid program under
10 title XIX of the Social Security Act, under the Medi-
11 care program under parts C and D of title XVIII of
12 such Act, and under qualified health plans offered
13 on an Exchange established under title I of the Pa-
14 tient Protection and Affordable Care Act, including
15 the extent to which such an alignment of grace peri-
16 ods may help to avoid enrollment status confusion
17 for individuals under such Medicaid program, Medi-
18 care program, and qualified health plans; and

19 (2) the extent to which such an alignment of
20 grace periods may reduce fraud, waste, and abuse
21 under the Medicaid program.

22 **SEC. 202. PREVENTION AND PUBLIC HEALTH FUND.**

23 Section 4002(b) of the Patient Protection and Af-
24 fordable Care Act (42 U.S.C. 300u–11(b)) is amended by

1 striking paragraphs (3) through (8) and inserting the fol-
2 lowing new paragraphs:

3 “(3) for fiscal year 2018, \$900,000,000;
4 “(4) for fiscal year 2019, \$500,000,000;
5 “(5) for fiscal year 2020, \$500,000,000;
6 “(6) for fiscal year 2021, \$500,000,000;
7 “(7) for fiscal year 2022, \$500,000,000;
8 “(8) for fiscal year 2023, \$500,000,000;
9 “(9) for fiscal year 2024, \$500,000,000;
10 “(10) for fiscal year 2025, \$750,000,000;
11 “(11) for fiscal year 2026, \$1,000,000,000; and
12 “(12) for fiscal year 2027 and each fiscal year
13 thereafter, \$2,000,000,000.”.

